pressure to empty his 10-cm bladder diverticulum. We describe the technique we used for his robotic-assisted bladder diverticulectomy with concomitant cystoscopy, highlighting the most difficult steps of the surgery and discussing the different tricks that can make it easier.

**Results:** The procedure was uneventful and the patient was discharged after 3 days with no significant post-void residual after catheter removal.

**Conclusions:** Robotic-assisted bladder diverticulectomy is a safe and effective procedure, provided we keep in mind the importance of careful identification of the diverticulum and surrounding structures.

**PYJ12**

Comparison in perioperative results between the use of a valveless trocar system and the standard insufflation technique during robot-assisted radical prostatectomy

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**Introduction & Objectives:** The primary aim of the study was to investigate if the use of the valveless AirSeal™ insufflation system impairs the lung function of patients less than a conventional system in patients undergoing robot-assisted radical prostatectomy (RARP). A second purpose of the study was to investigate the influence of the different gas insufflators systems (AirSeal™ and conventional [Stryker Pneumosure 45L]) on early perioperative results.

**Material & Methods:** A dual center prospective randomized interventional clinical trial was performed on a cohort of 200 patients who underwent RARP from January to April 2014. In our institution we randomized 100 patients (50 each arm). We are reporting about our perioperative surgical results regarding average skin-skin time, cal-margins rates.

**Results:** The procedure was uneventful and the patient was discharged after 3 days with no significant post-void residual after catheter removal.

**Conclusions:** Robotic-assisted bladder diverticulectomy is a safe and effective procedure, provided we keep in mind the importance of careful identification of the diverticulum and surrounding structures.

**PYJ13**

Robot-assisted adrenalectomy – single-institutional results

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**Introduction & Objectives:** Minimal-invasive resection of adrenal masses becomes more accessible to urologists with the increasing experience in robot assisted surgery of renal anomalies. Typical indications include the hormone-active and hormone-inactive adenoma as well as metastases of other tumour entities and the rare primary adrenal malignancies. We present the operative and oncological results of all RALA (Robot-assisted laparoscopic adrenalectomy) procedures at our institution since the introduction of robotic surgery.

**Material & Methods:** We analyzed perioperative data of 43 patients who underwent RALA at our institution between May 2008 and May 2014. Evaluation focused on operative performance (total time and blood loss) as well as the rate of intraoperative complications and the frequency of malignant histopathological findings. We also looked at the rate of conversion and blood transfusion and evaluated the changes in operating time between the first half (2008–2011) and second half (2012–2014) of procedures.

**Results:** Median blood loss was 50 ml with a mean overall operating time of 137 min. We evaluated n=19 procedures between 2008 and 2011 (set 1) and n=24 procedures between 2012 and 2014 (set 2). Comparing the changes between the two sets we found a median operating time of 148 min for set 1 and a median of 127.5 min for set 2. Mean blood loss changed from 122 ml (set 1) to 67 ml (set 2). The mean tumour size was 5.32 cm (range 1–10 cm) with an average weight of 34.0 g (range 2.5–210 g). Intraoperative complications occurred in n=9 cases of which n=4 were classified as Clavien 1, n=3 as Clavien 2 and n=2 as Clavien 3. In 2 cases conversion to open surgery was necessary due to excessive bleeding and large tumour size respectively. This leads to a conversion rate of 4.6%; however both conversions occurred during the first 15% of procedures. Blood transfusion was necessary in only 1 case early in the series where the tumour was adherent to the spleen. We identified n=20 hormone-active tumours (mainly adrenal cortical adenomas), n=7 inactive tumours and n=16 malignancies (predominantly metastases of other tumour entities). There were 2 cases of adrenal cortical carcinoma as well as 1 case of malignant pheochromocytoma.

**Conclusions:** Our data supports robotic surgery as a reliable and safe approach in the treatment of adrenal gland masses. Conversion as well as blood transfusions were more likely to occur in the earlier stage of our series. Operating time and blood loss decreased over time, even without taking the introduction of new surgeons into account. Similar to the conditions for robotic renal procedures limitations arise from intraoperative complications like bleeding as well as very large masses, but otherwise RALA is a feasible treatment option in patients who qualify for laparoscopic surgery.

**Reference:**


**PYJ14**

Perioperative, oncological and functional outcomes and complications of robot-assisted radical prostatectomy and extended pelvic lymph node dissection after prior abdominal surgery: A single surgeon’s experience

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**Introduction & Objectives:** To assess the impact of prior abdominal surgery on perioperative, oncological and functional outcomes and complications in patients undergoing transperitoneal robot-assisted radical prostatectomy (RARP) and extended pelvic lymph node dissection (ePLND).

**Material & Methods:** From November 2008 to October 2012, a total